#### **INFORMATION BULLETIN**



#### WORKFORCE INVESTMENT ACT

Number: WIAB02-40

Date: November 19, 2002 Expiration Date: 6/30/03

69:53:vf:6486

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

This information bulletin provides copies of the revised Workforce Investment Act (WIA) client forms. The client forms have been revised to incorporate changes suggested by local areas as well as to comply with federal reporting requirements.

The form revisions follow the Job Training Automation (JTA) system version 4.23 release dated October 25, 2002. Please refer to WIA Information Bulletin <u>WIAB02-34</u> for details of the specific JTA changes.

Please ensure this information is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Debor Untal in the Performance Management Unit at (916) 654-8295. Questions concerning the JTA system release should be addressed to the JTA Help Desk at (916) 653-0202.

/S/ BOB HERMSMEIER
Acting Chief
Workforce Investment Division

Attachments



### **WORKFORCE INVESTMENT ACT APPLICATION**

ATTACHMENT 1
Subgrantee Name
01 Application Number
02 Agency Code
03 Social Security Number

04 Application Date 05 Last Name						irst Name		Middle	
07 Street Address (R	esidence)		City State (Residence)			IP (Reside	nce)	09 Phone (Residence)	
10 Mail Street			Mail City State		11 N	Nail ZIP			12 Message Phone
13 GEO Code (Optional)	<ul><li>14 Citizen</li><li>1 U.S. Citizen</li><li>2 Eligible Non</li><li>3 Ineligible No</li></ul>	-Citizen	15 Alien Doc#	16 Gende 1 Femal 2 Male		Birthdate	18 Age	19 Assessed 1 Yes, WIA 2 Yes, Non- WIA 3 No	20 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt 4 Not Required
21 Race (select one or more) AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Pacific Islander AO Other Asian BL Black – African American HI Hispanic or Latino NA American Indian/Alaskan Native WH White			Concurrent Participation 22 Adult Education 23 Job Corps 24 Farmworker Program 25 Native American Program 26 Veterans' Workforce Investmer 27 Veterans' DVOP/LVER 28 Trade Adjustment Act 29 NAFTA-TAA 30 Vocational Education 31 Vocational Education 32 Wagner-Peyser 33 WtW-Participant 34 Title V Activities (OAA) 35 Comm Srvc Blk Grant Pgm 36 HUD Pgm 37 Other non-WIA Pgm 38 Rapid Response 39 Rapid Response – Additional A 40 TANF 41 Food Stamp Training Program			1 Yes 2 No		2 No	42 Disabled 1 Yes, Major 2 Yes, Substantial 3 No  43 Limited English 1 Yes 2 No  44 Substance Abuse 1 Yes 2 No  45 Basic Skills Deficient 1 Yes 2 No
46 Offender 1 Yes 2 No					47 Pregna 1 Yes 2 No	nt/Parentir	ng Youth		
48 Youth Needing As 1 Yes 2 No	sistance (Additio	onal Barriers	5)	49 Runa 1 Yes 2 No	away Youth		<b>Foster Child</b> Yes No	51 Family TANI 1 Yes 2 No	52 Family GA 1 Yes 2 No
53 Family RCA 1 Yes 2 No	54 Family 1 Yes 2 No	SSI	55 Family Food 1 Eligible 2 Receiving 3 No	I Stamps	56 Numbe Family			Jumber of Depender Age 18	158 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported
59 Family Income (Pr	1	Yes No	me	61 TANF E 1 Yes 2 No	Exhaustee	62 Hom 1 Yes 2 No	neless	63 Poor Work Hist 1 Yes 2 No	tory 64 Unemployment Insurance 1 Yes, UI Claimant 2 Exhaustee 3 No
65 Veteran Status 1 Yes <= 180 days 2 Yes, > 180 days 3 No	1 Yes	abled Vetera , special disa		67 Veterar	1 Separation		68 Recently 1 Yes 2 No	y Separated Veteran	69 Campaign Veteran 1 Vietnam-era 2 Other Veteran 3 No
70 Highest Grade Completed 71 Education Status 1 Student, H.S. or less 2 Student, attending post 3 Out-of-School, H.S. dro 4 Out-of-School, H.S. gra employment difficulty 5 Out-of-School, H.S. gra employment difficulty			less g post – H.S. .S. dropout .S. grad, culty .S. grad, no	72 Read G	Grade		73 Read Sc	core	74 Reading Test

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# WORKFORCE INVESTMENT ACT APPLICATION CONTINUED

Subgrantee Name	
Application Number	
Agency Code	
Social Security Number	

1 Per No. Applied but denied 3 No. Application Pending 4 Application not submitted 86 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homenaker 9 Not Applicable 89 Dislocation Industry Code 90 Tenure at Employer of Dislocation (months) 91 Employer Number 92 Employer Name  Employer Address Employer City / State Employer ZIP Employer Telephone  93 Eligibility A Adult WIA H Veteran Grant B Adult Low Income 1 55% Window Youth (age 19 – 21) F Youth (age 14 - 18) X Not Eligible Signature of Reviewer 95 Window Youth (age 19 – 21) Signature of Interviewer B Date  Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is the and complete. I agree that any information have supplied is subject to verification. Understand for Parent, Guardian or Responsible Adult  Date  Date  Date  Signature of Client  Date  Signature of Client  Date  Signature of Parent, Guardian or Responsible Adult  Date	Last Name		First Name					Middle				
1 Yes 2 No, Application Pending 3 No, Application not submitted 4 Application not submitted 8 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employer 5 Displaced Homemaker 9 Not Applicable 89 Dislocation Industry Code 90 Tenure at Employer of Dislocation (months)  Employer Address  Employer City / State  Employer City / State  Employer ZIP  Employer Telephone  93 Eligibility A Adult W/A A Adult W/A A Adult W/A A Adult W/A A Manager of Dislocated Worker J 5% Window Youth (age 19 – 21) F Youth (age 14 – 18) C Youth (age 14 – 18) C Youth (age 14 – 18) C Youth (age 19 – 21)  Signature of Reviewer  Olicent Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is tue and complete. I agree that any information have supplied is subject to verification. I undustand that faisflication of any item is grounds for fermination from the Workforce investment Act program and may result in action to recover any moneys paid to me while participating.  Signature of Client  Output  Provide Application of Job Title  Remployer Address  Rest Job Code at Dislocation  Job Title  Page Temployer Number  92 Employer Number  92 Employer Number  Page Employer Telephone  Page Telephone	75 Read Version	76 Math Grade		77	Math Score	78	8 N	lath Test				79 Math Version
Terminated or Laid off Received Notice of Layoff Long Term Unemployed (JTPA transfer only) Solf Employed Displaced Homemaker Not Applicable  89 Dislocation Industry Code  89 Dislocation Industry Code Poly Tenure at Employer of Dislocation (months)  Employer Address  Employer City / State  Employer ZIP  Employer ZIP  Employer Telephone  93 Eligibility A Adult WIA B Adult Low Income I 5% Window Youth (age 14 – 18) D Dislocated Worker F Youth (age 14 - 18) G Youth (age 19 - 21)  Signature of Interviewer  Signature of Interviewer  94 Interviewer ID  Date  Client Certification: My signature below indicates that I have been informed of and understand the Information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce investment Act program and may result in action to recover any moneys paid to me while participating.	<ol> <li>Yes</li> <li>No, Applied but denied</li> <li>No, Application Pending</li> </ol>			1 Employed							urly Wage	1 Yes
Signature of Interviewer   Signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce investment Act program and may result in action to recover any moneys paid to me while participating.    Signature of Client   Signature of Parent, Guardian or Responsible Adult   Date   Dat	<ol> <li>Terminated or Laid off</li> <li>Received Notice of Layoff</li> <li>Long Term Unemployed (JTPA trade)</li> <li>Self Employed</li> <li>Displaced Homemaker</li> </ol>	ansfer only)	87 Disloca	ation D	ate	88	8 J	ob Code	at Dislocation	n .	Job Title	
93 Eligibility A Adult WIA B Adult WIA B Adult Low Income I 5% Window Youth (age 14 – 18) D Dislocated Worker J 5% Window Youth (age 19 – 21) F Youth (age 14 - 18) C Youth (age 19 - 21)  Signature of Interviewer  94 Interviewer ID Date  Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.  Signature of Client  Date  Signature of Parent, Guardian or Responsible Adult Date					91 Employe	er Number	•		92 Employ	er Name		
A Adult WIÁ H Veteran Grant B Adult Low Income I 55% Window Youth (age 14 – 18) D Dislocated Worker J 55% Window Youth (age 19 – 21) F Youth (age 14 - 18) X Not Eligible  Signature of Interviewer P 94 Interviewer ID Date  Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.  Signature of Client Date  Signature of Parent, Guardian or Responsible Adult Date	Employer Address		Emplo	yer Cit	ty / State				Employer 2	ZIP	Employer	Telephone
Signature of Reviewer  95 Reviewer ID  Date  Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.  Signature of Client  Date  Signature of Parent, Guardian or Responsible Adult  Date	A Adult WIA B Adult Low Income D Dislocated Worker F Youth (age 14 - 18)	I 5% W J 5% W	ndow Youth (andow Youth (a								1	
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information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.  Signature of Client  Date  Signature of Parent, Guardian or Responsible Adult  Date	Signature of Reviewer					95 Rev	iew	er ID			Date	
Signature of Client Date Signature of Parent, Guardian or Responsible Adult Date	information is true and complete. I agree to	that any information I	have supplied is	subjec	t to verification. I							
Remarks:	. 0	cuon to recover any m		e wille p		ignature o	of P	arent, Gu	ardian or Res	sponsibl	e Adult	Date
	Remarks:											

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## WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name	
01 Social Security Number	
02 Case Number	
Application Number	

	INOLL		/ILCIC		101110	14										
Last	Name					First Nan	ne				М	iddle				
03 G	03 Grant Code 04 Agency Code 05 1 2			1	Labor Force Employed Not employed				e 07 Date ITA Established 08 Total Amount of ITA					4		
Activity 1	09 Activity Code	10 Agency Code	11 State Provide	er ID	Program Code	S S		е	15 Est/End Date ITA		ount Used	17 Completion Code	18 Goal Code			
Activity 2	Activity Code	Agency Code	State Provide	er ID	Program Code			Begin Date	e	Est/End Date ITA		ount Used	Completion Code	Goal Code		
Activity 3	Activity Code	Agency Code	State Provide	er ID	Program Code	3   3		е	Est/End Date	ITA Amount Used		Completion Code	Goal Code			
Enro	Enrolling Staff Signature					Enrolling Staff ID				Date						
Core 10 Fc 11 Si 12 Si 13 Si 14 Si 15 O 16 No Intens 30 C 31 C 32 D 33 G 34 W 35 In 36 O 37 R 38 Si 39 In 40 O	laff Assisted Jo laff Assisted Jo laff Assisted Wither Core Servon-WIA Funde sive ase Mgt for Pa omprehensive evelopment of roup Counselli fork/Entry Emp dividual Couns ut-of-Area Job elocation Expe	ces, Counseling b Development b Referrals b Search, Plac forkshops / Job rices d Core Service  rticipants Assessments Individual Emping loyment Expericeling and Care Search rises rocational Services	cement o Clubs es oloyment Plan ience eer Planning		51 Cu 52 En 53 Joh 54 Oc 55 On 56 Prii 57 Ski 58 Wc 59 Ott 60 No  Youth 70 Su 71 Ed 72 En 73 Cit 74 Ott 75 No  Miscel 80 Ott 81 Su 82 Ne 83 Pla 84 No 90:99  Corr 1 Co 2 No 3 No	ult Education stomized Trai repreneurial of Readiness Tocupational SkThe-Job Trai vate Sector Toll Upgrading arkplace Training S	Trainin  Tra	g aining g etraining dd Coop Ed es ning Services ent Services th Services th Services ellaneous e	BAS 001 002 003 004 005 006 013 015 007 008 016 019 009 010 011 012 014 017 018	SIC SKILLS Reading Comprehens Math Computation Writing Speaking Listening Problem Solving, Rea ESL/VESL Life Skills  CUPATIONAL SKILLS Perform Actual Tasks Familiarity with Proce Technology Information Skills  WK READINESS SKILL World of Work Aware Labor Market Knowle Career Planning Job Search Techniqu Leadership Allocates Resources Team Work Interpersonal Skills	sion soning, D dures, Too S ness dge	ecision Mak	ing			

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### **WORKFORCE INVESTMENT ACT GOALS**

Subgrantee Name
01 Case Number
Application Number
02 Agency Code
Social Security Number

Last Name			First Name			Middle		
Primary Goal Goal Type Goal Code			Goal Description	Date Set	Result Date Attained Description			
Staff Signature				03 Staff ID		Date		
Primary Goal Code  1 Primary Goal 2 Not Primary Goal 3 Work F					Result Code 1 Attained Goal 2 Set, Goal Not Attained			
Goal Code		<u>'</u>						
001         Reading Comprehension         007           002         Math Computation         008           003         Writing         016			OCCUPATIONAL SKI 007 Perform Actual 008 Familiarity With 016 Technology 019 Information Ski	Tasks Procedures, Tool	RK READINESS  World of Work Awareness  Labor Market Knowledge  Career Planning  Job Search Techniques  Leadership			

 Problem Solving, Reasoning, Decision Making
 ESL/Vocational ESL 015 Life Skills

017 Allocates Resources

018 Team Work

020 Interpersonal Skills



# WORKFORCE INVESTMENT ACT EXIT

Subgrantee Name	
01 Application Number	
02 Agency Code	
Social Security Number	

Last Name				First Name				Middle		
03 Exit Code  Exit Codes Select up to thr  01 Entered Employment  02 Called Back/Remained W  03 Entered Advanced Trainir  04 Entered Postsecondary E  05 Attained Recognized  Certificate/Diploma/Degre				06 Planned Services Completed 1 Vith Layoff Employer 07 Planned Services Not Completed 1 ing 08 Lacks Transportation 1 Education 09 Family Care 1 Health/Medical 1 ee 11 Cannot Locate			ed 13 14 15 16	Voluntary Other Objective Assessment Only Returned to Secondary Education (Youth Only) Soft Exit		
04 Exit Date 05 Soft Exit Determination Date			Degree Attained     Yes     No, credential inter     No, credential not i     No, credential pent     No training service	07 Date Degree or Certificate Attain		Type of Degree Attained     High School Diploma     Equivalency/GED     A or AS Diploma/Degree     BA or BS Diploma or Degree     Occupational Skills License     Occupational Skills Certificate or Credentia				
09 Date Entered Po Education				red Advanced Training		E <b>ntered Military Service</b> Yes No		12 Entered	Qualified Apprenticeship	
13 Date Employed		14 Employ	er Number		15 Emp	loyer Name				
Employer Address				Employer City/State			Employer ZIP			
16 Employer Contact	ct			17 Contact Phone		18 Job Code/Job Tit	tle		19 Hours Per Week	
20 Hourly Wage	21 Tra 1 Yes 2 No		Employment	22 Determination Me 1 Training to job 2 Industry to training 3 Other		23 Health Benefits 1 Yes 2 No		24 Non-Traditiona 1 Yes 2 No	al Employment	
Exit Staff Signature				25 Exit Staff ID			Date			
Post Exit Servi	ces		I							
26 Service Code	27	Description					28	Begin Date	29 End Date	
Post Program Service 01 Educational Achie 02 Employment Serv 03 Additional Youth 9 04 Citizen and Leade 05 Follow-up Service	evement rices Support ership									

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### WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name	
01 Application Number	
02 Agency Code	
Contal Consulto Nombon	_
Social Security Number	

Last Name	First Na	me		Middle			
03 Follow-up Type (After Exit)	,	Follow-up Date	04	Interview Date			
1 30 Day 4 2 <sup>nd</sup> Qu	uarter						
2 60 Day 5 3 <sup>rd</sup> Qu	arter						
3 1st Quarter 6 4th Qu	arter						
<ul><li>05 Follow-up Result</li><li>1 Complete: All Questions</li></ul>		6 Respondent Refused Interview					
2 Complete Interview: Missing Data		7 Language Problem Prevented Interview	rview				
3 Respondent Never Located		8 Unable Due to Illness/Disability					
<ul><li>4 Located but Never Available</li><li>5 Informant Refused for Respondent</li></ul>		9 Died / Incapable After Exit					
5 Informatic Refused for Respondent							
06 Labor Force Status	07 Cumplemental	Data Verified Employment Status 08	Sunnlam	nental Data Verified Employment Status			
	Not in Labor Force First Quarter a			iarter after Exit			
2 Employed Part-Time 5	Status Unknown 1 Employed	1	Employee	d			
3 Unemployed	2 Not Employed 3 Not Applicable	2 3	Not Empl Not Appli	loyed			
	3 Not Applicable	3	Not Appli	Cable			
22.5 . 5 . 2 . 15							
09 Date Degree or Certificate 10 Attained 1	Type of Degree Attained High School Diploma	5 Occupational Skills License					
	Equivalency/GED	<ol> <li>Occupational Skills Certificate</li> </ol>	or Crede	ntial			
3	AÁ or AS Diploma Degree BA or BS Diploma or Degree	7 Other					
4	BA OF BS DIPIONA OF Degree						
11 In Dankassandami Education	12 In Advanced Training	12 In Military Camiles		14 In Ovalified Assurantia askin			
11 In Postsecondary Education 1 Yes	12 In Advanced Training 1 Yes	13 In Military Service 1 Yes		14 In Qualified Apprenticeship 1 Yes			
2 No	2 No	2 No		2 No			
15 Weeks Employed	16 With Exit Emp	lover 17	Actual U	ours Worked			
15 Weeks Employed	1 Yes	loyei   17	ACIUAI N	OUIS WOIREU			
	2 No						
	Most Recent E	mployer or Employer at Follow-Up					
18 Date Employed	19 Employer Number	20 Employer Name					
2010 Employ 04							
Employer Address	1	Employer City, State, ZIP					
		Employor only ording an					
21 Contact		22 Phone					
55		LE I HOIC					
23 Job Code	24 Hours Per Week	25 Hourly Wage	26	Follow-up Staff ID			
		<b>,</b> g-					
1			1				

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